## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY		
F	OR	NUMBI	R FILED	FILED NUMBER EXTI		RATE	FEE	] [	RATE	FEE	
BASIC FEE						380.00	OR		760.00		
TC	TAL CLAIMS	28	minus	20= * -2		X\$ 9=		OR	X\$18=	144	
INC	EPENDENT C	_AIMS /	minus	3 = *		X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	904	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						SMALL	SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
IENT A	to the second	CLAIMS REMAINING AFTER AMENDMENT	*	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=		
	FIRST PRESE	NIAHON OF MI	JUIPLE DEF	PENDENT CLAIM		+130=		OR	+260=		
	•		٠			TOTAL		ا <sub>ح</sub> ہا	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		1 /	ADDII. FEE		
AMENDMENT B	E,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	=	X39=	,	OR	X78=		
`	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	=	X\$ 9=	1 444	OR	X\$18=	1	
	Independent	*	Minus	***	=	X39=			X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		OR	∧/ 0=		
	f the onto in and	mn 4 in leas the corr	a antes te		luma C	+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Num	her Previously Pai	d For" (Total or	Independent) is the	highest number	found in the ani	oropriate ho	r in coli	imn 1		

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

**		Total Fe	ee Calcula	atior	า			
ė m	Fee Code	Total # Claims	Number Extra	X	Fee	Fee		Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	0	Ó			<del></del>	=	100
Total Claims >20	203/103	28 -20	- 3	X		18	<b>=</b> .	18.4
Independent Claims >3	202/102		=	x			=	
Mult. Dep Claim Present	204/104						=	
Surcharge	205/105						=	130
English Translation	139							
TOTAL FEE CALCULA	ATION				•			1034
Fees due upon filing t	he applicatio	n:					>•	
Total Filing Fees Due	= \$_	1034						
Less Filing Fees Subn	nitted -\$_							
BALANCE DUE	_ = \$ _							

FORM OIPE-RAM-01 (Rev. 12/97)